

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

5000 5/19/05

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>3/10/05</u>		2 Serial/Patent # <u>10/524039</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/>	Filing <u>fee code change</u>		\$ <u>100</u>
<input type="checkbox"/>	Amendment		\$
<input type="checkbox"/>	Extension of Time		\$
<input type="checkbox"/>	Notice of Appeal/Appeal		\$
<input type="checkbox"/>	Petition		\$
<input type="checkbox"/>	Issue		\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/>	Maintenance		\$
<input type="checkbox"/>	Assignment		\$
<input type="checkbox"/>	Other		\$
		7 TOTAL AMOUNT OF REFUND	
		\$ <u>100</u>	
		8 TO BE REFUNDED BY:	
		<input checked="" type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #:	
9 REASON:		9	
<input checked="" type="checkbox"/>	Overpayment		
<input type="checkbox"/>	Duplicate Payment		
<input type="checkbox"/>	No Fee Due (Explanation):		
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Rita White</u>		TITLE: <u>Legal Assistant Examiner</u>	
SIGNATURE: <u>Rita White</u>		PHONE: <u>7308-9140 ext 231</u>	
OFFICE: <u>DO/EO</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: